Readmissions

A joint presentation on MCE policies and processes.

Definition

MCE Policies

- Anthem
- CareSource
- MDwise
- MHS

Questions

Indiana Health Coverage Programs (IHCP) Definition:

A hospital admission within 3 days following a previous hospital admission and discharge for the same or related condition.

“Same or related” refers to the principal diagnosis and is based on the first three digits of the ICD code.

Anthem BlueCross BlueShield

Anthem allows readmissions on a contract to contract basis. The readmission window is specified in the provider's contract documents and may vary by provider.

The Anthem reimbursement policy for inpatient readmissions does not allow additional diagnosis-related group (DRG) payment(s) for a second or subsequent inpatient admission for the same or similar condition. This is specific to prior inpatient admissions that were reimbursed on a DRG basis within the readmission window specified in the provider's contract.

When a member is readmitted for the same or similar condition within the readmission window identified in the provider's contract, all services from the original admission and subsequent readmission(s) must be submitted as a single admission. Only one DRG is reimbursed for all admissions.

Anthem BlueCross BlueShield

"Same or similar condition" is defined by Anthem using clinical coding criteria, or, when appropriate, a licensed clinical medical review to determine if the subsequent admission is for:

- The same or closely related condition or procedure as the prior discharge.
- An infection or other complication of care.
- A condition or procedure indicative of a failed surgical intervention.
- An acute decompensation of a coexisting chronic disease.
- A need that could have reasonably been prevented by the provision of appropriate care consistent with accepted standards in the prior discharge or during the post discharge follow-up period.

Exclusions include:

- Admissions for chemotherapy or immunotherapy treatment.
- Admissions to an inpatient rehabilitation unit.
- Admissions to a substance abuse unit or facility.
- Elective admissions or staged procedures following commonly accepted practices.
- Readmission after a patient is discharged from the hospital against medical advice.
- Admission for covered transplant services during the global case rate period for the transplant.

Billing Readmissions

To correctly bill for readmission, providers must account for the following:

- If the claim for the initial admission has already been processed whether paid or denied, the provider must submit a corrected claim with all related admission/readmission days.
- If the claim for the initial submission has not already been processed, the provider must combine all stays and submit a single claim.
- Providers must account for all days from the initial admission through the final discharge.
- Providers should use Revenue code 180 (Leave of Absence – General) to report the days in between each stay.
- Anthem continuously reviews the claims processing system for incorrectly paid inpatient readmissions claims.

- If you have any questions regarding this communication, please call Provider Services:
  - Hoosier Healthwise — 1-866-408-6132
  - Healthy Indiana Plan — 1-844-533-1995
  - Hoosier Care Connect — 1-844-284-1798

Effective 08/01/2019, CareSource has adopted the IHCP readmission policy.

- All Readmissions for the same or related problem within 3 days of the initial discharge are considered the same admission and will be reimbursed as one claim.
- The facility should bill one inpatient claim when the patient is readmitted to the same facility.
- Readmissions greater than 3 days following a previous hospital discharge are treated as separate stays for payment purposes, but are subject to medical review for up to 30 days after the discharge date.

Post Payment Review and Appeals Process:

- CareSource reserves the right to monitor and review claim submissions to minimize the need for post-payment claim adjustments as well as review payments retrospectively.
  a. Medical records for both admissions must be included with the claim submission to determine if the admission(s) is appropriate or is considered a readmission.
     Failure from the acute care facility or inpatient hospital to provide complete medical records will result in an automatic denial of the claim.
  b. If the included documentation determines the readmission to be an inappropriate or medically unnecessary admission, the hospital must be able to provide additional documentation to CareSource upon request or the claim will be denied.
  c. If the documentation provided does not substantiate medical necessity and appropriateness, CareSource reserves the right to deny, reduce or recoup reimbursement.
- Appeal Process

  All acute care facilities and inpatient hospitals have the right to appeal any readmission denial and request a peer-to-peer review or formal appeal.

MDwise follows the IHCP guidelines and State laws and regulations established for readmissions.

1. Inpatient readmissions within three days following a previous hospital admission for any facility with the same or related diagnosis, should be billed on one claim (see *Inpatient Hospital Services*).

2. Inpatient readmissions within 4-14 days following a previous hospital admission will deny for medical review.

Providers who receive this denial and feel it is erroneous should do the following:

1. Complete the 1st level Readmission Dispute Form: https://www.mdwise.org/for-providers/forms/claims
2. Collect the medical records for the inpatient readmission.
3. Submit the completed form and supporting medical records to:

   MDwise
   PO Box 1575
   Flint, MI 48501
   Attn: 1st Level Readmission Disputes

Providers **MUST** submit the 1st Level Readmission Dispute Form and supporting medical documentation for the dispute to be processed.

MDwise will send an acknowledgement letter within 10 calendar days of receipt and will send a decision letter to the informal dispute within 30 calendar days.

If you have questions regarding the 1st Level Readmission Dispute process, please contact MDwise at 1-833-654-9192.

MHS has adopted the three-day readmission criteria identified by Indiana Health Coverage Programs (IHCP) Inpatient Hospital Services Provider Reference Module.

For payment purposes, readmissions within three days after discharge will be treated as the same admission. Readmissions after three days will be treated as separate stays AND are subject to medical review.


Anthem
BlueCross BlueShield

CareSource

MDwise
A McLaren Company

mhs

Thank You!

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.

https://tinyurl.com/fssa1035